APPLICATION FOR SPECIAL DESIGNATED LICENSE

CITY OF LINCOLN CITY CLERK'S OFFICE 555 S 10TH ST LINCOLN NE 68508 PHONE: (402) 441-7438

Ben Folds	123
FILED	
APR 102014	
 CITY CLERK'S OFFICE	

					Section of the section of the Principle of the	41.1.45-A
		DO YOU N	IEED POSTERS?	Υ	ES N	0 🗸
RETAII	RETAIL LICENSE HOLDER					
	ION PROFIT APPLICANT Non Profit Status (check one that best applies): Municipal Political Fine Arts Fraternal Religious Charitable Public Service					
COMP	LETE ALL QUESTIO	NS				
1.	Beer Wine Dis	tilled Spirits 🗸				
		er and class (i.e. <mark>C55441, C</mark> organization leave blank)	CK55441)	1045	580	
	Licensee name (last, your liquor license)	first,), corporate name or li	mited liability compa	ny (LLC	C) name (As it	reads on
	NAME:	PINNACLE BANK AR	ENA			
	ADDRESS:	400 PINNACLE AREN	NA DRIVE			
	CITY:	LINCOLN		ZIP:	68508	
4.	Location where even	t will be held; name, addres	ss, city, county, zip co	ode		
	BUILDING NAME:	PINEWOOD BOWL	THEATER			
	ADDRESS:	3201 SOUTH CODDINGTON		CITY:	LINCOLN	
	ZIP:	68522	COUNTY & COUN	ITY #:	LANCASTE	R
	a. Is this location	within the city/village limits?			YES√	NO
b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?				YES	NO	
	c. Is this location	within 300' of any university	or college campus		YES	NO✓

					en Folds	
5. Date		od Time(s) of ev Date	rent (no more than Date	six (6) consecutive Date	days on one app Date	lication) Reusec Date
6.7.2	014		-	_	_	_
Llaure		Hours				
Hours	5	From	Hours	Hours	Hours	Hours
From 8 AM		То	From	From	From	From
То		10	То	То	То	То
2 AM			.	10	١٥	10
	a. Alte	ernate date:	N/A			
	b. Alte	ernate location:	N/A			
			-	specified in local	approval)	
^	الماد الماد		harani adam da			
6.	Dance		be carried on durir n Fund Raiser		er Garden	Compling/Testing
	Other:	CONCERT	III ullu halsel	[V]De	er Garden	_Sampling/Tasting
	Othor.					
7.		of area to be I				
	Inside build	ding, dimension	is of area to be cov		X	
				(not	square feet or acr	es)
	*Outdoor	roo dimonolone	s of area to be cove	orod IN EEET	700 × 448	
				copy of sketch) (s		
	SKETCH	or corboon	Anta (or attach	copy of sketon) (s	ample sketch)	
			remises be enclose		1	
	√ fend	ce sno	w fence ✓ch	nain link	cattle panel	tent
	other:					
2	Haw many	attandoss do v	ou expect at event	2 5 000		
3.	How many	allendees do y	ou expect at event	.:		
€.	If over 150	attendees. Ind	icate the steps that	t will be taken to pre	event underage pe	ersons from obtaining
	alcohol bev	verages. (Attacl	h separate sheet if	needed)		
	TRAINED PINN	ACLE BANK ARENA E	MPLOYEES WILL CHECK I	D'S AND WRISTBAND		
	-					
	14/91	t- b	ad bu lingaaa aa	de with all Nahraale	conitation laws?	VESTNOT
0.				ly with all Nebraska		
	a Are	there separate	toilets for both me	en and women?	YES√	NOL

11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YES[1] NO[1] Non-Profit: Where will you be purchasing your alcohol?	
	Wholesaler Retailer Both BYO (includes wineries)	
12.	Will there be any games of chance operating during the event? YES NO	
	NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All of forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.	ng
13.	Any other information or requests for exemptions (must be received by Commission 30 days prior event, complete NLCC form 140): N/A	to
14.	Name and telephone number/cell phone number of immediate supervisor . This person will be the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applications, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY	N
	Print name of Event Supervisor: THOMAS E. LORENZ	
	Signature of Event Supervisor:	
	Event Supervisor phone: Before 402-904-4444 During 402-416-5227	77
	Email address: TLORENZ@SMGLINCOLN.COM	
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also conser an investigation of my background including all records of every kind including police records. I age to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska Patrol or any other individual releasing said information to the Liquor Control Commission or Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.	nt to ree aska
sign	GENERAL MANAGER 4.2.2014	
here	Authorized Representative/Applicant Title Date	
	THOMAS E. LORENZ	
	Print Name	
This inc	dividual must be listed on the application as an officer or stockholder unless a letter has been filed appointing a	เท

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing ar individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	BEN FOLDS CO	NCERT			
Applicant and Spo	nsoring Organizati	ion or Individual (i	f applicat	ole):	PINNACLE BANK ARENA
Date(s) of Event:	e(s) of Event: SAT. JUNE 7, 2014		Hours:	5:0	0 PM
Alternate Date(s): N/A			Hours:	N/A	
Is the event open to	the public?	✓ Yes [□No		
How will you ensure	that minors will no	t be served or cor	nsume be	vera	ges containing alcohol:
TRAINED PINNACLE BANK	ARENA EMPLOYEES W	ILL CHECK ID'S AND W	RISTBAND		
Will food be served? POPCORN, PRETZELS, NAC		•		list fo	ood to be served:
Will non-alcoholic be If yes, please list no			BOTTLE]No water	R & PEPSI PRODUCTS
	everages containin ete Server/Seller /				ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND
Have the designated	servers received i	responsible bever	age serve	er tra	ining?
Will there be a charg	e for admission?	✓ Yes]No	
In the last 12 months you were the special				ation No	that occurred during an event at which If so, explain:
Applicant's Signature	nnig -				4.2.2014 Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

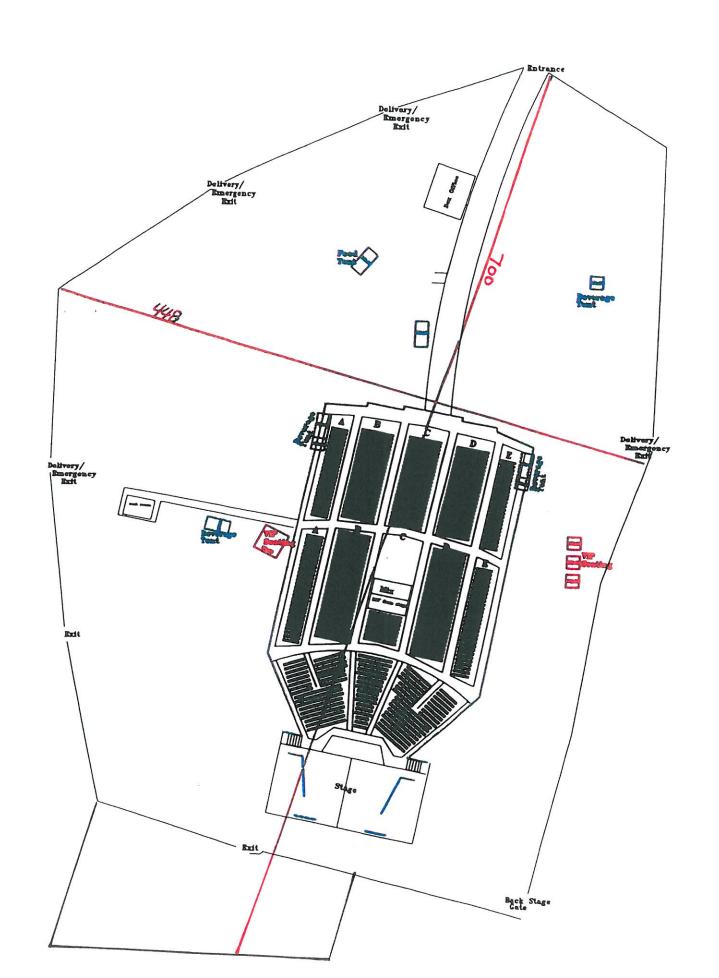
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

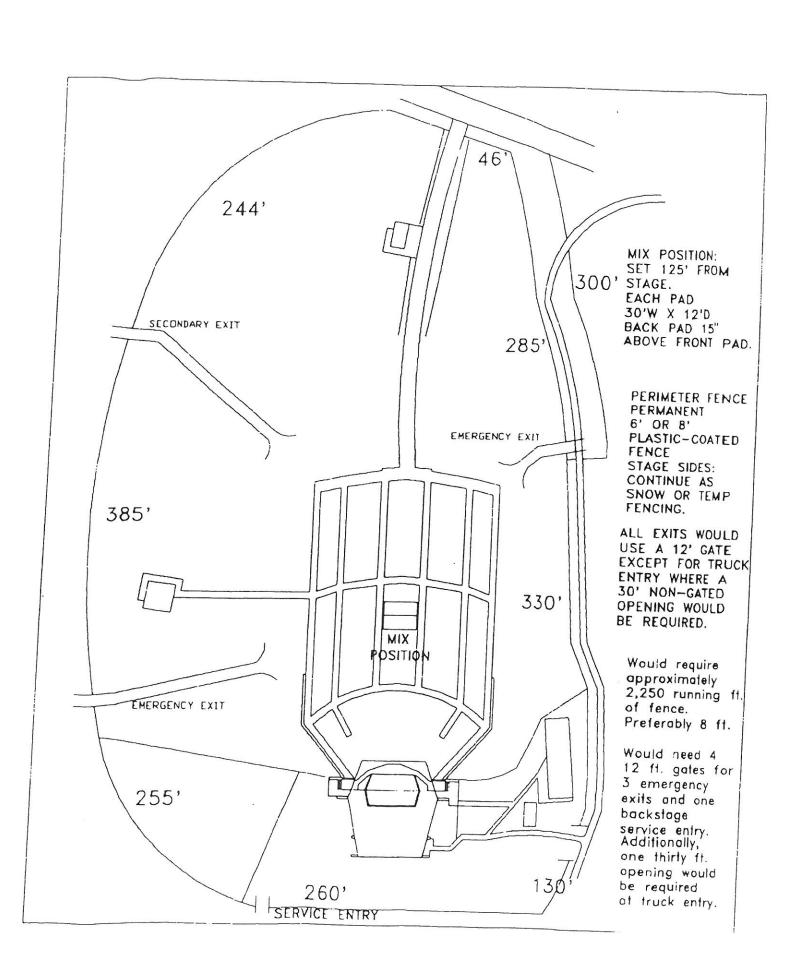
- 1. Number of Entry & Exit Points & Dimensions: (1 entry 'x 1 exit see map')
- 2. Size & location of tent(s) (heights, width, depth)
- 3. Size of area being used (700×448)
- 4. Location & type of cooking equipment (if used)
- 5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
- Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

NOTE: we will be using 6' Chain Link Fence

Please See following maps





SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
1			
City Inance	CityCI	ents) has a	a master
list on tile			
	*		
	<i>2</i>		